

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849030

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: AMBCO CAPITAL CORPORATION

## Current Principal Place of Business:

350 EAST 96TH STREET  
INDIANAPOLIS, IN 46240

## New Principal Place of Business:

## Current Mailing Address:

175 BERKELEY STREET  
BOSTON, MA 02116

## New Mailing Address:

FEI Number: 36-2816344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COBD ( ) Delete  
Name: GREGG, GARY R  
Address: 175 BERKELEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: CEOP ( ) Delete  
Name: KIRSCHNER, KEVIN J  
Address: 350 EAST 96TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: CFOV ( ) Delete  
Name: DORE, JAMES F  
Address: 175 BERKELEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: DV ( ) Delete  
Name: GOODBY, SCOTT R  
Address: 175 BERKELEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: S ( ) Delete  
Name: JENKINS, DOUGLAS T  
Address: 6281 TRI-RIDGE BLVD  
City-St-Zip: LOVELAND, OH 45140

Title: T ( ) Delete  
Name: POWELL, STEPHEN D  
Address: 13 RIVERSIDE ROAD  
City-St-Zip: WESTON, MA 02493

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS T. JENKINS

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02/21/2007

Electronic Signature of Signing Officer or Director

Date